PTO/SB/81 (01-09)
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Application Number	10/681,018
Filing Date	October 8, 2003
First Named Inventor	Joan M. Fallon
Title	METHODS OF TREATING PERVASIVE DEVELOPMENT DISORDERS
Art Unit	1649
Examiner Name	Kimberly Ballard
Attorney Docket Number	41012-700

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2/8/11
Name	Joan M. Fallon	Telephone	
Title and Company	Chief Executive Officer, CUREMARK LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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